

County: Brown
WESTERN VILLAGE
1640 SHAWANO AVENUE

GREEN BAY 54303 Phone: (920) 499-5177
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 124
Total Licensed Bed Capacity (12/31/01): 125
Number of Residents on 12/31/01: 113

Facility ID: 3770

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Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 119

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.1
Supp. Home Care-Personal Care	No					1 - 4 Years		36.3
Supp. Home Care-Household Services	No	Developmental Disabilities	5.3	Under 65	14.2	More Than 4 Years		25.7
Day Services	No	Mental Illness (Org./Psy)	10.6	65 - 74	8.0			-----
Respite Care	No	Mental Illness (Other)	1.8	75 - 84	36.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	37.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	4.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.0	65 & Over	85.8	-----		
Transportation	No	Cerebrovascular	13.3		-----	RNs		8.0
Referral Service	No	Diabetes	1.8	Sex	%	LPNs		9.9
Other Services	Yes	Respiratory	8.8		-----	Nursing Assistants,		
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	38.1	Male	38.9	Aides, & Orderlies		
Provide Day Programming for Developmentally Disabled	Yes		100.0	Female	61.1			39.6
					-----			100.0

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	173	73	89.0	94	0	0.0	0	12	100.0	173	0	0.0	0	1	100.0	325	104	92.0
Intermediate	---	---	---	2	2.4	78	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	7	8.5	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	6.2
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		82	100.0		0	0.0		12	100.0		0	0.0		1	100.0		113	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	2.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	3.6	Bathing	1.8	72.6	25.7	113
Other Nursing Homes	2.1	Dressing	12.4	79.6	8.0	113
Acute Care Hospitals	89.7	Transferring	31.9	53.1	15.0	113
Psych. Hosp. -MR/DD Facilities	0.5	Toilet Use	19.5	55.8	24.8	113
Rehabilitation Hospitals	0.0	Eating	61.9	32.7	5.3	113
Other Locations	1.5	*****				
Total Number of Admissions	195	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	4.4	Receiving Respiratory Care		8.0
Private Home/No Home Health	28.6	Occ/Freq. Incontinent of Bladder	61.1	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	19.1	Occ/Freq. Incontinent of Bowel	35.4	Receiving Suctioning		0.0
Other Nursing Homes	3.5			Receiving Ostomy Care		0.0
Acute Care Hospitals	7.0	Mobility		Receiving Tube Feeding		0.9
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.3	Receiving Mechanically Altered Diets		18.6
Rehabilitation Hospitals	0.0					
Other Locations	9.0	Skin Care		Other Resident Characteristics		
Deaths	32.7	With Pressure Sores	2.7	Have Advance Directives		66.4
Total Number of Discharges		With Rashes	14.2	Medications		
(Including Deaths)	199			Receiving Psychoactive Drugs		63.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	82.7	1.15	83.8	1.14	84.3	1.13	84.6	1.13
Current Residents from In-County	92.0	82.1	1.12	84.9	1.08	82.7	1.11	77.0	1.20
Admissions from In-County, Still Residing	20.5	18.6	1.10	21.5	0.96	21.6	0.95	20.8	0.99
Admissions/Average Daily Census	163.9	178.7	0.92	155.8	1.05	137.9	1.19	128.9	1.27
Discharges/Average Daily Census	167.2	179.9	0.93	156.2	1.07	139.0	1.20	130.0	1.29
Discharges To Private Residence/Average Daily Census	79.8	76.7	1.04	61.3	1.30	55.2	1.45	52.8	1.51
Residents Receiving Skilled Care	92.0	93.6	0.98	93.3	0.99	91.8	1.00	85.3	1.08
Residents Aged 65 and Older	85.8	93.4	0.92	92.7	0.93	92.5	0.93	87.5	0.98
Title 19 (Medicaid) Funded Residents	72.6	63.4	1.15	64.8	1.12	64.3	1.13	68.7	1.06
Private Pay Funded Residents	10.6	23.0	0.46	23.3	0.45	25.6	0.42	22.0	0.48
Developmentally Disabled Residents	5.3	0.7	7.57	0.9	6.04	1.2	4.51	7.6	0.70
Mentally Ill Residents	12.4	30.1	0.41	37.7	0.33	37.4	0.33	33.8	0.37
General Medical Service Residents	38.1	23.3	1.63	21.3	1.79	21.2	1.80	19.4	1.96
Impaired ADL (Mean)	45.3	48.6	0.93	49.6	0.91	49.6	0.91	49.3	0.92
Psychological Problems	63.7	50.3	1.27	53.5	1.19	54.1	1.18	51.9	1.23
Nursing Care Required (Mean)	5.6	6.2	0.91	6.5	0.87	6.5	0.86	7.3	0.77